

A structured patient support program (PSP), which includes patient education, training, and follow-up, plays a key role in reducing complications associated with IC, including recurrent Urinary Tract Infections (rUTIs), Urethral Problems (UP), and pain, while maintaining treatment adherence.

The more favourable outcomes observed in the hydrophilic catheter group are consistent with previous literature suggesting that catheter design may influence complication risk.

Objective

This study aimed to evaluate whether enrolment in a structured patient support programme improves outcomes in people using intermittent catheterisation, with particular focus on catheter-related complications and healthcare utilisation. A secondary aim was to explore whether outcomes differed according to catheter type.

Disclosure:

This study was sponsored by ConvaTec PLC; however, the results and opinions of the researchers are reported in strict adherence to the findings and without any influence by the sponsor.

Relevant Financial Relationships:

Julián Azuero has received a consultancy fee and a fee for attendance at this meeting from ConvaTec. Constanza Cabrera, Martha Ariza and Ivonne Jarava are full-time employees of ConvaCare Clinics, a subsidiary of Convatec, and receive a salary.

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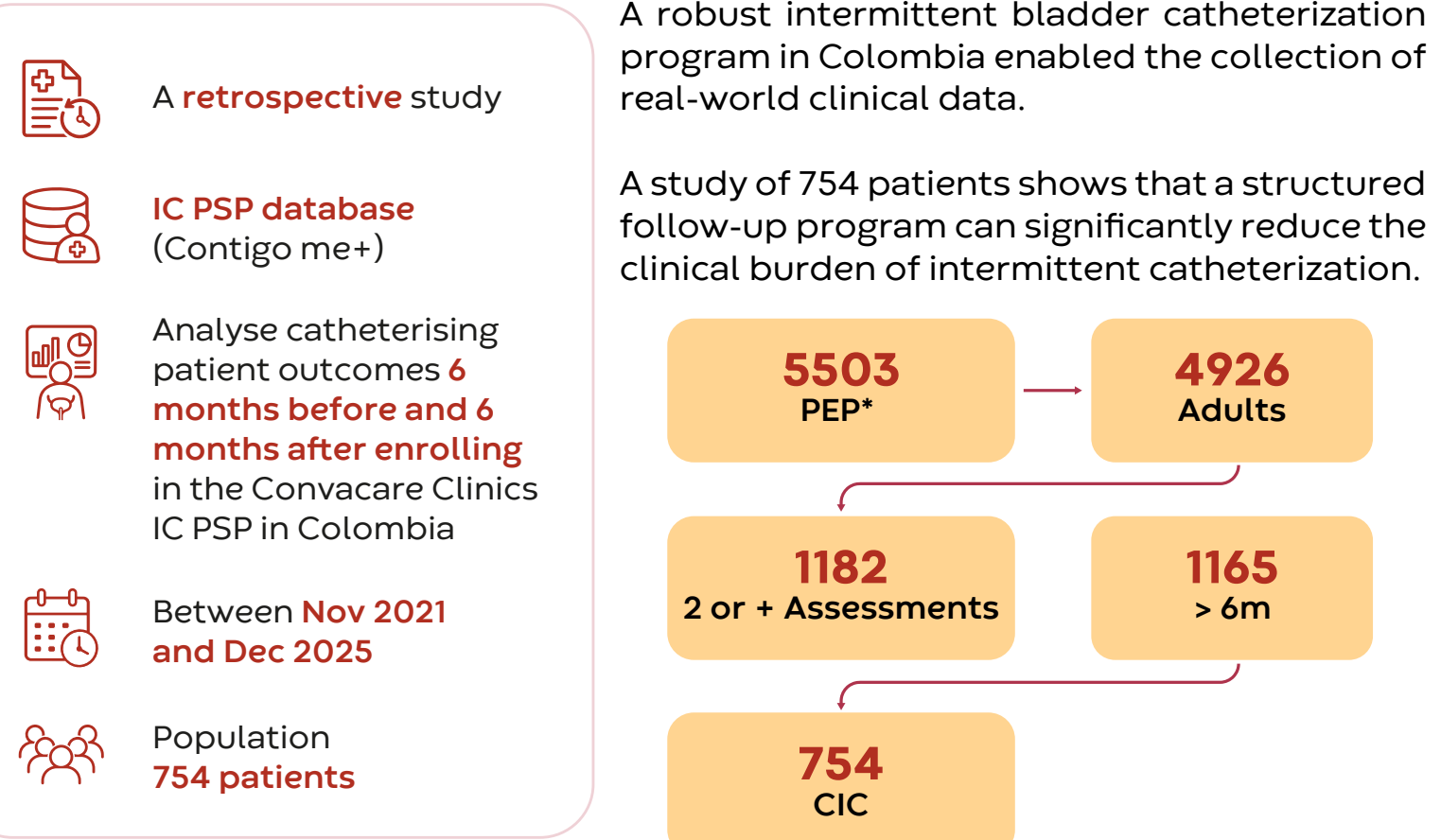
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Positive Impact of a Patient Support Programme (PSP) on Intermittent Catheterisation Outcomes

Background

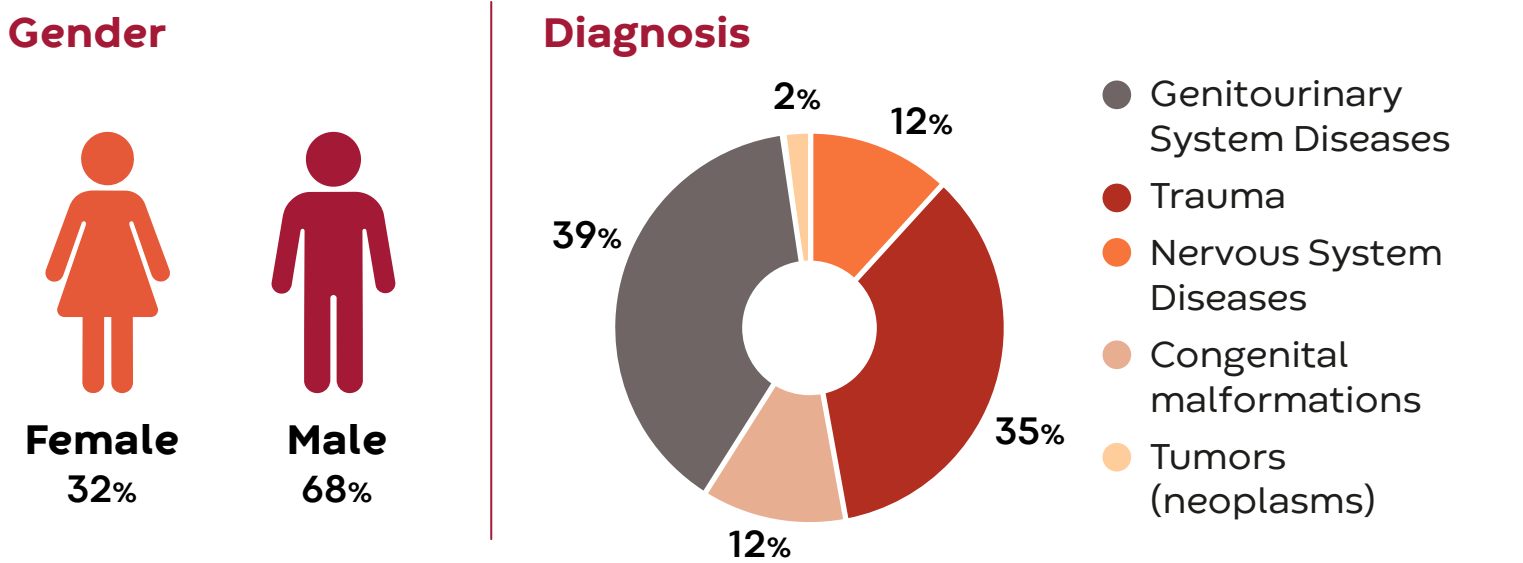
Intermittent catheterisation (IC) is considered the preferred bladder management strategy for many patients with lower urinary tract dysfunction. However, recurrent urinary tract infections (UTIs), urethral trauma and pain remain important challenges affecting adherence, quality of life and healthcare utilization.

Methods

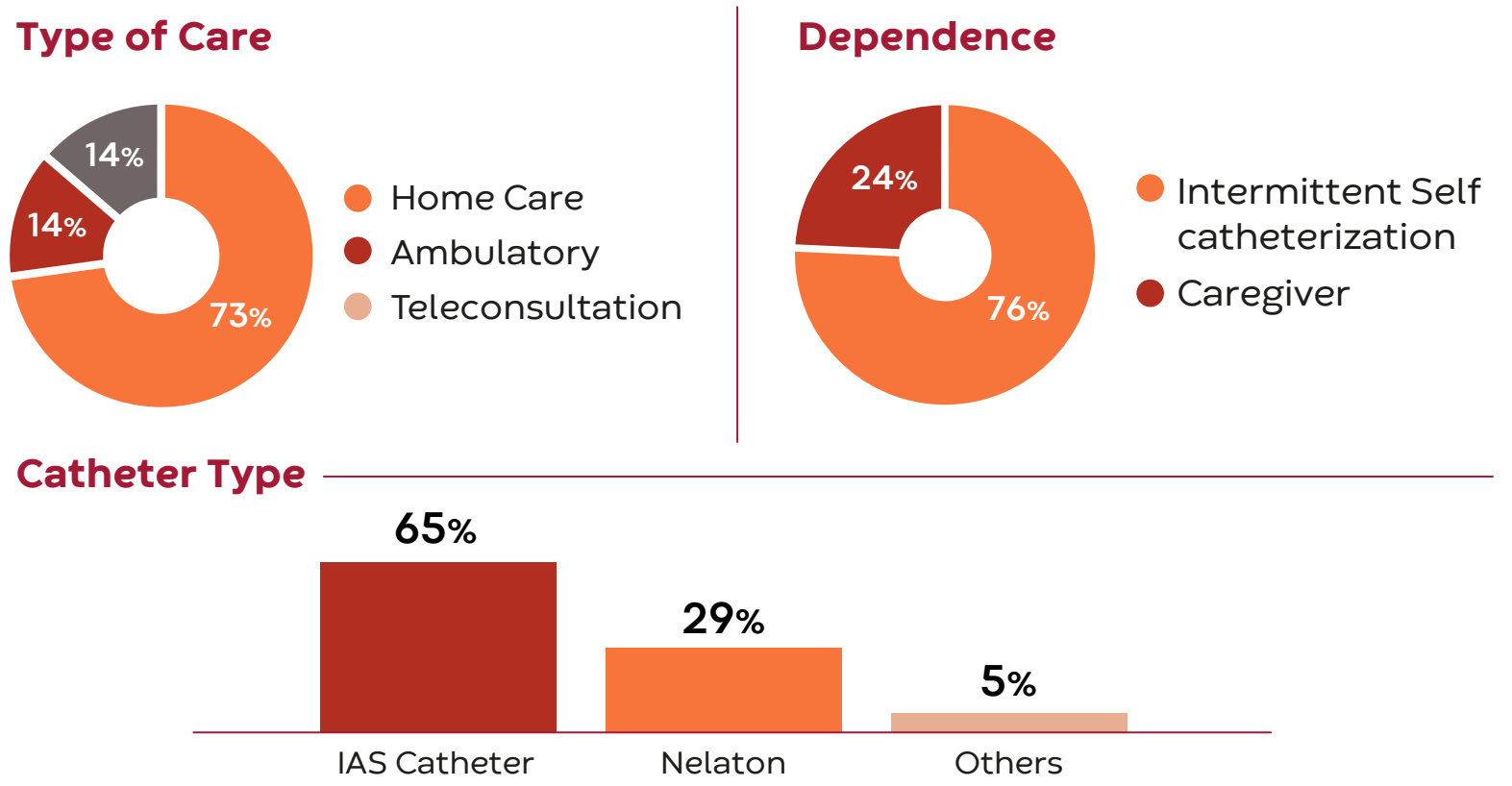


Results

Cohort Characterization



Results Cont'd



Reduction in 43% of complications per patient.

Reduction in the frequency of all three common IC related complications:

- ↓ **68%** rUTI falling from 282 users to 134 (-52% reduction)
- ↓ **58%** Urethral problems reducing from 70 to 30 (-57% reduction)
- ↓ **67%** Pain falling from 36 to 20 (-44% reduction)

A reduction in level of care required by patients with rUTI was also observed. In the **6 months prior to enrolment, 14 users were admitted to ICU and 166 to the hospital**, whereas in the **6 months following enrolment**, these numbers dropped to **2 ICU admissions (86%) and 64 hospital admissions (-61%)**.

Conclusions

A structured patient support programme was associated with fewer intermittent catheterisation-related complications and reduced healthcare utilisation over 6 months. Outcomes appeared more favourable in patients using a hydrophilic catheter with integrated amphiphilic surfactant technology. Taken together, these findings suggest that education, follow-up and device selection may act together to improve patient experience and safety. These observations are particularly relevant in settings where preventable complications place pressure on healthcare services.